

PRIOR AUTHORIZATION DENIAL LETTER

Date: January 10, 2024

Case ID: PA-2024-006

AUTHORIZATION DENIED - INSUFFICIENT MEDICAL JUSTIFICATION

Dear Dr. Michael Chen,

This letter is to inform you that the prior authorization request has been DENIED due to insufficient clinical justification.

PATIENT INFORMATION

Name: Jennifer Taylor

Member ID: INS2024006

Date of Birth: 05/14/1987

Insurance: Standard Coverage

REQUESTED PROCEDURE

Procedure: Echocardiogram

CPT Code: 93306

Diagnosis: Non-specific chest discomfort

ICD-10 Code: R07.89

Requested Amount: \$900.00

CLINICAL REVIEW PANEL DECISION

A panel of four clinical reviewers evaluated this case:

1. Cardiologist: DENY - Insufficient clinical justification
2. Medical Director: DENY - Non-specific symptoms, no cardiac history
3. Clinical Specialist: UNCERTAIN - Try conservative management first
4. Quality Assurance: DENY - Does not meet clinical necessity criteria

Panel Consensus: 3 of 4 reviewers recommend DENIAL

REASON FOR DENIAL

The following clinical deficiencies were identified:

- No documented history of cardiac events or disease
- Non-specific symptoms that do not meet clinical guidelines
- Lack of supporting clinical evidence for echocardiogram necessity
- Conservative management options not yet attempted
- Only 38% of similar cases with this presentation were approved

CLINICAL RATIONALE